

Final Objectives 2023-24

Emergency Medicine Practice Committee

Chair: Enrique R. Enguidanos, MD, FACEP
Board Liaison: L. Anthony Cirillo, MD, FACEP
Staff Liaison: Jonathan Fisher, MD, MPH, FACEP

1. Review the following policies per the Policy Sunset Review Process:
 - Advocating for Certified Emergency Nurses (CENs) in Departments of Emergency Medicine
 - Availability of Hospital Diagnostic and Therapeutic Services
 - Emergency Medicine's Role in Organ and Tissue Donation
 - Interpretation of Diagnostic Imaging Tests
 - Prescription Drug Pricing
 - Selective Triage for Victims of Sexual Assault to Designated Exam Facilities
 - The Role of the Legacy Emergency Physician in the 21st Century
 - Alternative Methods to Vascular Access in the Emergency Department
 - Electronic Prescription Drug Monitoring Programs
 - Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine (and PREP titled “Guidelines for Credentialing and Delineation of Clinical Privileges in Emergency Medicine”)
 - Sub-dissociative Dose Ketamine for Analgesia (PREP)
 - Writing Admission and Transition Orders (PREP)

Determine by December 15 if the policies should be reaffirmed, revised, rescinded, or sunsetted. Submit any proposed revisions to the Board for approval by the end of the committee year.

2. Solicit nominations for the Community Emergency Medicine Award and Innovative Change in Practice Management Award and recommend recipients to the Board of Director
3. Complete development of an information paper on the impact of nursing workforce shortages and best practices on emergency medicine to address them.

Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed for the Medical-Legal Committee.

4. Develop resources to address the use of alternative sites of care (e.g., waiting room, tents) when space and/or staffing constraints disallow provision of care in traditional patient care spaces (i.e., a bed).
5. Serve as a resource to the Federal Government Affairs Committee in their objective to evaluate the desirability and feasibility of passing legislation allowing competing physicians to collectively bargain with health insurers and governmental agencies over rates and terms for physician services. (Federal Government Affairs lead committee.)
6. Develop resources and best practices to address mental health issues in emergency medicine, including reducing boarding of patients with mental health issues in the emergency department
7. Serve as a resource to the Medical-Legal Committee in their objective to develop the following information papers:
 - Identification of recent specific antitrust violations by insurers, especially in light of implementation of the Competitive Health Insurance Reform Act of 2020 that repealed the McCarran-Ferguson antitrust exemption. Obtain input from the Emergency Medicine Practice Committee and the Reimbursement Committee. (Medical-Legal is the lead committee.)
 - Specific considerations for emergency medicine around unionization of physicians, including options for pursuing it, and any potential limitations such as state or local restrictions, EMTALA considerations, etc. Obtain input from the Emergency Medicine Practice Committee and the State Legislative/Regulatory Committee. (Medical-Legal is the lead committee.)

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8. Review current information papers developed by the Emergency Medicine Practice Committee related to contractual relationships and revise as needed.
9. Complete development of an information paper on the role of telehealth in support of rural emergency medicine practice. Collaborate with representatives from the Emergency Telehealth Section, Rural Emergency Medicine Section, and the Rural Emergency Care Task Force.

Note: Information papers must be submitted to the Board of Directors for a 30-day comment period prior to submission to ACEP's peer-reviewed journals (Annals of Emergency Medicine and JACEP Open). Author attributions must also include that the information paper was developed for the Medical-Legal Committee.

10. Investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team as directed in Amended Resolution 46(22) Safe Staffing for Nurse Practitioner and Physician Assistant Supervision.

RESOLVED, That ACEP investigate and make recommendations regarding appropriate and safe staffing roles, ratios, responsibilities, and models of emergency physician-led teams, taking into account appropriate variables to allow for safe, high-quality care and appropriate supervision in the setting of a physician-led emergency medicine team.

11. Review Amended Resolution 58(22) Removing Intrusive Medical Exams and Questionnaires from Employment Contracts and determine if revisions are needed to ACEP's policy statement "[Physician Impairment](#)" or whether a separate policy statement or other resources are needed to address the resolution.

RESOLVED, That ACEP support the cessation of intrusive medical evaluation exams and questionnaires that may unduly and unnecessarily invade the privacy of emergency medicine physicians seeking and continuing employment beyond that necessary to confirm ability to perform duties associated with the individual's role as hired.

12. Review Referred Resolution 53(22) Law Enforcement and Intoxicated Patients in the ED and work with the Tactical & Law Enforcement Medicine Section to make a recommendation to the Board regarding the advisability of implementing the resolution including potential next steps to address the resolution.

RESOLVED, That ACEP investigate alternative care models to evaluate patients in police custody, such as telehealth, to determine necessity of an in-person evaluation; and be it further

RESOLVED, That ACEP encourage law enforcement to stay with any patient they choose to bring to the ED who are intoxicated, altered, agitated, or otherwise pose a risk to the safety of themselves or others until a disposition has been determined or the physician determines their assistance is no longer needed.

13. Develop a policy statement to address Resolution 43(23) Adopt Terminology "Unsupervised Practice of Medicine."

RESOLVED, That ACEP adopt terminology to refer to the independent practice of medicine by non-physicians as "Unsupervised Practice of Medicine" and continue promotion of the gold standard ideals to have on-site supervision of non-physician practitioners.

14. Review Referred Amended Resolution 49(23) Patients Leaving the ED Prior to Completion of Care Against Medical Advice and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

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RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of care may not have received a complete evaluation, results of all ancillary testing including incidental findings, all indicated therapies, and all indicated consults; and be it further

RESOLVED, That ACEP ~~create a document acknowledging that physicians and hospitals/systems share a joint responsibility to notify patients who have left prior to the completion of care regarding testing requiring intervention that results after their departure and develop reasonable systems to help communicate these results~~ work with relevant stakeholders such as the American Hospital Association to create a document or tool outlining responsibilities and systems of communication for the conveyance of information about testing and follow up of patients who leave the emergency department prior to the completion of care; and be it further

RESOLVED, That ACEP create a document acknowledging that patients leaving the emergency department prior to completion of care evaluation and treatment bear some responsibility for ongoing care and may not have all medication recommendations and prescriptions, nor a complete list of discharge diagnoses, incidental findings requiring follow up, instructions, and referrals upon departure.

15. Review Referred Amended Resolution 50(23) Metric Shaming and provide a recommendation to the Board of Directors regarding the advisability of implementing the resolution and potential initiatives to address the resolution.

RESOLVED, That ACEP develop practices and policies to prevent the publishing public or external publication, transmitting transmission, and/or releasing release of unblinded metric-related productivity information about individual emergency physician performance to safeguard the welfare of our membership.

16. Revise the statement “Patient Experience of Care Surveys” policy statement to address the intent of Amended Resolution 51(23) Quality Measures and Patient Experience Scores.

RESOLVED, That ACEP advocate for alignment with current ACEP policy and previous recommendations that patient experience surveys be extended to all appropriate categories of emergency department patients to attempt to improve validity; and be it further

RESOLVED, That ACEP oppose reimbursement metrics and employment decisions correlated with or dependent on patient experience surveys; and be it further

RESOLVED, That ACEP work with relevant stakeholders to decrease or eliminate the role of patient experience surveys in reimbursement decisions.

17. Develop policy statements to address Amended Resolution 53(23) Treating Physician Determines Patient Stability.

RESOLVED, That ACEP enact policy that the treating emergency physician at the patient’s bedside is best qualified to determine a patient’s stability for transfer and their decision should not be overruled by a physician or a non-physician practitioner who has not personally evaluated the patient; and be it further

RESOLVED, That ACEP develop an additional policy statement that speaks to the implications of coercion or threats of financial penalties to the emergency physician who has not personally evaluated the patient to coerce or threaten financial penalties to force the treating emergency physician to transfer a patient when the treating physician believes that the patient is unstable and such a transfer may compromise patient safety.

18. Create talking points to assist physicians in lobbying hospital administrators to use board certifications such as ABEM to validate training, core competencies, and scope of care in response to Resolution 54(23) Opposition to The Joint Commission Credentialing Requirements for Individual Emergency Conditions.

RESOLVED, That ACEP engage with The Joint Commission to oppose credentialing policies that require new language or changes to delineation of clinical privileges for the

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diagnosis and treatment of individual emergency conditions.

19. Develop an information paper or other resources to address Amended Resolution 55(23) Uncompensated Required Training.

RESOLVED, That ACEP convene a working group to evaluate fair market compensation for required training, accurate estimates of the time to completion, and appropriate protected time allowances for training without requiring completion during off hours; and be it further

RESOLVED, That ACEP explore opportunities to partner with other like-minded organizations to reduce unnecessary or redundant annual or onboarding training for physician employment.